10-27-05

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PART B - FEE(S) TRANSMITTAL

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20583 7590 07/26/2005				have its own certific	have its own certificate of mailing or transmission.		
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1 APPLICATION NO.	LICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
. 09/693,643	10/20/2000	L	Pramod K. Sriv	astava	8449-073-999	8419	
T'ELE OF INVENTION: US	SING HEAT SHOCK PRO	TEINS TO INCRE	ASE IMMUNE R	ESPONSE			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400)	\$0	\$1400	10/26/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
YAEN, CHRISTOPHER H 1643				424-277100			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) University of Connecticut Health Farmington, Connecticut Center							
Please check the appropriate	assignee category or catego	ries (will not be pri	inted on the patent)	: 🛭 Individual 🖫 (Corporation or other private gro	oup entity Government	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
Issue Fee	☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.						
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5. Change in Entity Status (a. Applicant claims SM	from status indicated above ALL ENTITY status. See)			LL ENTITY status. See 37 CF		
The Director of the USPTO is NOTE: The Issue Fee and Pu interest as shown by the record	s requested to apply the Issu blication Fee (if required) w rds of the United States Pate	e Fee and Publicat rill not be accepted nt and Trademark	ion Fee (if any) or from anyone othe Office.	to re-apply any previous r than the applicant; a reg	ly paid issue fee to the applica- pstered attorney or agent; or th	tion identified above. e assignee or other party in	
Authorized Signature	Idriane VI	h. Qu	Her	Date	0-25-05		
Typed or printed name Adriane M. Antler Registration No. 32,605							
This collection of information an application. Confidentialit submitting the completed app this form and/or suggestions Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-1 Under the Paperwork Reducti	n is required by 37 CFR 1.31 y is governed by 35 U.S.C. olication form to the USPT for reducing this burden, shis 22313-1450. DO NOT \$450. on Act of 1995, no persons	11. The information 122 and 37 CFR 1 D. Time will vary ould be sent to the SEND FEES OR C are required to resp	n is required to obt .14. This collection depending upon the Chief Information OMPLETED FOR pond to a collection	ain or retain a benefit by n is estimated to take 12 e individual case. Any c Officer, U.S. Patent and MS TO THIS ADDRES of information unless it	the public which is to file (and minutes to complete, including omments on the amount of tin Trademark Office, U.S. Depa S. SEND TO: Commissioner for displays a valid OMB control	by the USPTO to process) g gathering, preparing, and it you require to complete rument of Commerce, P.O. for Patents, P.O. Box 1450, number.	

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